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| PROB 46 (Rev. 06/10) | | | | | | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTHLY TREATMENT REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | | | | | | | 1a. PROVIDER NAME: Valerie Gelo | | | | | | | | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 04/01/2021 - 06/30/2021 | | | | | | | | | | | | | | | | | | | |
| 3. CLIENT NAME: CORWIN, David | | | | | | | | | | 3a. FACTS NO. 7353401 | | | | | | | | | | 3b. OFFICER Mallori Brady | | | | | | | | | | 4. FOR PERIOD COVERING: June 2021 | | | | | | | | | |
| 5. PHASE NO. | | | | | 5a. TIME IN PHASE: | | | | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | | | | | | | | CONTRACT: 0207-2019-017C | | | | | | | | | | | | | | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Date | | | | | b. Service (Name & No.) | | | | | c. Length of Contact | | | | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | | | | | | | | e. Copay (amount collected) | | | | | | | | | | | | | | |
| 06/14/21 | | | | | 5030 | | | | | X30 | | | | | | | | | | | | | | | \$0.00 | | | | | | | | | | | | | | |
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| 9. URINE TESTING RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE COLLECTED | | | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | | | SPECIAL TESTS REQUESTED | | | TEST RESULTS (Positive/Negative) | | | Copay (amount collected) | | | | | | | | | | | | | | | | | | | | | |
| | | | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client will participate in monthly medication monitoring with the psychiatrist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client participated in a monthly medication monitoring appointment with the psychiatrist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Encourage medication compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client will continue with monthly medication monitoring appointments with the psychiatrist to determine if dosage needs to be corrected or medications changed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client reports medication compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For June 2021; Owes \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vistaril 25 mg, modafinil 100mg, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF COUNSELOR Valerie Gelo, LMHC | | | | | | | | | | DATE June 30, 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DISTRIBUTION: ORIGINAL. CONTRACTOR

MITCHELL BANKS, M.D.

Board Certified Diplomat
555 Broadhollow Road - Suite 107
Melville, New York 11747

PHONE: (631) 414-7272

FAX: (631) 414-7274

Date of Evaluation: June 14, 2021

Client: David Corwin
639 Main Street
Greenport, New York 11944
(934) 222-1392
DOB: 04/13/48

Presenting Problem:

Patient is a 73-year-old single male who recently started individual mental health treatment sessions at First Light Psychological Services. He was arrested in March 2021 and charged with possessing child pornography. Patient stated he recently weaned off Valium that has been prescribed for him since approximately 1985. He was unable to state the dosage of the medication or provide the physician who was prescribing the medication. The valium was used to increase his energy and decrease social anxiety. His only complaint is anxiety when having to be in places with other people.

Past Psychiatric History:

Patient stated that since young childhood he suffers from anxiety and is uncomfortable in social situations and crowded areas. The Valium helped to minimize symptoms and he would take the drug prior to leaving his residence. Patient reported a history of depression in the 1980's that was triggered by a breakup of a relationship. He did experience suicidal ideations at that time but with no plan.

Family Psychiatric History:

Patient denied.

Social History:

Patient was raised by both parents in Greenpoint. His father abused alcohol and was emotionally and physically abusive toward the patient and his mother. Both parents are deceased. There is one younger brother who lives in Alaska but there is no substantial relationship between the patient and his brother.

In 1976, patient earned a bachelor's degree in civil engineering. Patient started working while in college and mentioned that he had to attend college "off and on" because he had to save money to continue his studies. He started working in the civil engineering area since 1976. He was forced to stop working in August 1993 due to medical issues.

Patient stated he had friendships while growing up. His only source of social interactions for the past decade has been through support groups for his medical condition.

Patient has never been married. His longest romantic relationship was three years.

Medical History:

Patient stated he was diagnosed with Chronic Fatigue Syndrom in 1983, but he can carry out activities of daily living and other tasks. Symptoms of fatigue are intermittent and not severe. Patient stated that since his diagnosis he suffers from tremors. They were noted as present and mild in severity.

Substance Abuse History:

Patient reports using marijuana daily for the past thirty years. He denied other illicit drug use or problems with alcohol.

Mental Status Exam:

Appearance: Casually dressed, hygiene appropriate, eye contact appropriate.

Speech: Coherent, quiet

Cognitive Function: On task and within normal limits.

Mood: Neutral

Active complaints: social anxiety

No active hallucinations

No active suicidal ideation

Impression:

Axis I: Generalized Anxiety Disorder
R/O Dysthymic Disorder

Axis II: R/O Schizoid Personality Disorder

Axis III: Chronic Fatigue Syndrome, R/O Parkinson's Disease

Axis IV: 1-2

Axis V: 50/50

Patient claims to have Chronic Fatigue Syndrome. Tremors are present and it is recommended that he go for a full neurological work up to rule out Parkinson's or other neurological disease. Patient appears to be guarded with providing a more accurate history.

Plan: Prescribe Vistaril 25 mg every six hours for anxiety. Modafinil 100mg daily to increase energy. Follow up in one month. Call in-between appointments if any problems with medication arise.


Mitchell Banks M.D.

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|--|-------------------------|----------------------------|-------------------|---|---|---|--|---|----------------------------------|--------------------------|
| PROB 46 (Rev. 06/10) | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | |
| MONTHLY TREATMENT REPORT | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | 1a. PROVIDER NAME: Valerie Gelo | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 07/01/2021 - 09/30/2021 | | | |
| 3. CLIENT NAME: CORWIN, David | | | | 3a. FACTS NO. 7353401 | | 3b. OFFICER Mallori Brady | | 4. FOR PERIOD COVERING: July 2021 | | |
| 5. PILASE NO. | | 5a. TIME IN PILASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | CONTRACT: 0207-2019-021A | | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | |
| a. Date | b. Service (Name & No.) | | | c. Length of Contact | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | e. Copay (amount collected) | |
| 07/07/21 | 7013 | | | X60 | | | | | \$0.00 | |
| 07/14/21 | 7013 | | | X0 | | No Show | | | \$0.00 | |
| 07/21/21 | 7013 | | | X60 | | | | | \$0.00 | |
| 07/28/21 | 7013 | | | X60 | | | | | \$0.00 | |
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| 9. URINE TESTING RECORD | | | | | | | | | | |
| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
| | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): Client will continue to explore effective ways to cope with stress and anxiety surrounding his legal case. Client will attend necessary medical appointments, including a psychiatric evaluation. | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): Client attended his psychiatric evaluation. Client maintained attendance and openly discusses the presence of both mental health symptoms and physical health symptoms. | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: Client was prescribed psychiatric medication by his new psychiatrist but did not follow the instructions and abruptly ceased use. Client prefers to make decisions based on independent research. | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO can validate client's effort in treatment. PO can encourage medication compliance and communication surrounding such. | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): Client will continue to explore effective ways to reduce the frequency, intensity, and duration of physical and mental health symptoms. | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative): Client is compliant during sessions, but continues to view pretrial services and mental health treatment as more disruptive than helpful to his daily lifestyle and functioning. | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For July 2021; Owes \$0.00 Client is prescribed: Gabapentin 300mg 2x/daily, Hydroxyzine 25mg every 6 hours, Modafinil 100mg 1x/daily | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | |
| SIGNATURE OF COUNSELOR Valerie Gelo, LMHC | | | | | | | | DATE July 31, 2021 | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

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|---|--|---------------------------|----|---|---|-------------------|--------------------|---|---|---|--|----------------------------------|-----------------------------|------------------------------------|---|--|--|--|--|
| PROB 46 (Rev. 06/10) | | | | | MONTHLY TREATMENT REPORT | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | | 1a. PROVIDER NAME: Valerie Gelo | | | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 07/01/2021 - 09/30/2021 | | | | | | | | | |
| 3. CLIENT NAME: CORWIN, David | | | | | 3a. FACTS NO. 7353401 | | | | | 3b. OFFICER Mallori Brady | | | | | 4. FOR PERIOD COVERING: August 2021 | | | | |
| 5. PHASE NO. | | 5a. TIME IN PHASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | | | CONTRACT: 0207-2019-021A | | | | | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | | | | | | | | | | |
| a. Date | | b. Service (Name & No.) | | | c. Length of Contact | | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | | | e. Copay (amount collected) | | | | | | |
| 08/04/21 | | 7013 | | | X60 | | | | | | | | \$0.00 | | | | | | |
| 08/11/21 | | 7013 | | | X60 | | | | | | | | \$0.00 | | | | | | |
| 08/18/21 | | 7013 | | | X0 | | | Therapist Canceled | | | | | \$0.00 | | | | | | |
| 08/28/21 | | 7013 | | | X0 | | | Client Excused | | | | | \$0.00 | | | | | | |
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| 9. URINE TESTING RECORD | | | | | | | | | | | | | | | | | | | |
| DATE COLLECTED | | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | | SPECIAL TESTS REQUESTED | | TEST RESULTS (Positive/Negative) | | Copay (amount collected) | | | | | |
| | | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | | | | | | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met): Client will continue to explore effective ways to reduce the frequency, intensity, and duration of physical and mental health symptoms. | | | | | | | | | | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): Client attended necessary medical appointments. Client verbalized negative thoughts and feelings surrounding his potential sentence for the instant offense. | | | | | | | | | | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: Client has not been medication compliant due to perceived side effects, despite the lack of daily, consistent use. | | | | | | | | | | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO can encourage medication compliance. PO can encourage client to explore alternative methods of addressing mental and physical health needs without predicting the outcomes. | | | | | | | | | | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): Identify, challenge, and replace biased, fearful self-talk with reality-based, positive self-talk. | | | | | | | | | | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative): Client is partially receptive to alternate ideas and perspectives. Client often makes decisions based on assumptions. Client demonstrates rigid thinking. | | | | | | | | | | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For August 2021; Owes \$0.00 Client is prescribed: Gabapentin 300mg 2x/daily, Hydroxyzine 25mg every 6 hours, Modafinil 100mg 1x/daily | | | | | | | | | | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF COUNSELOR Valerie Gelo, LMHC | | | | | | | | | | DATE August 31, 2021 | | | | | | | | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

PROB 46
(Rev. 06/10)**MONTHLY TREATMENT REPORT**

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

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|--|---------------------------|---|--|---|--|
| 1. PROGRAM NAME: First Light Psychological Svcs. | | 1a. PROVIDER NAME: John Marino | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 07/01/2021 - 09/30/2021 | |
| 3. CLIENT NAME: CORWIN, David | | 3a. PACTS NO 7353401 | | 3b. OFFICER Mallori Brady | |
| 4. FOR PERIOD COVERING: September 2021 | | | | | |
| 5. PHASE NO. | 5a. TIME IN PHASE: | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | |
| | | CONTRACT: 0207-2019-021A | | | |

8. CONTACTS SINCE LAST REPORT

| a. Date | b. Service (Name & No.) | c. Length of Contact | d. Comments (No Shows, Tardiness, Issues Addressed) | e. Copay (amount collected) |
|----------|-------------------------|----------------------|---|-----------------------------|
| 09/11/21 | 7013 | X60 | | \$0.00 |
| 09/18/21 | 7013 | X60 | | \$0.00 |
| 09/25/21 | 7013 | X60 | | \$0.00 |
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9. URINE TESTING RECORD

| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
|----------------|-----------|----|-------------------|-------|-------------------|--------------------|--------------|-------------------------|----------------------------------|--------------------------|
| | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | |
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10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

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|---|-----------------------------------|
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client reviewed a goals in anticipation of a new quaterly while he addressed causes for change in therapist. | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The clint needs to adjust to a change in to therapist and needs to address presenting concerns. | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO Brady can encourage the client to attend all sessions as scheduled. | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss thinking models that contributed to the instant offence. | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The cleint is now adjusting to a new therapist. His first session was on 9/11/2021. | |
| g. Comments: Client Paid \$0.00 For September 2021; Owes \$0.00 The client is not compliant w/ medications - complains that medications causes blurr vision. | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | DATE September 30, 2021 |

DISTRIBUTION: ORIGINAL CONTRACTOR

| PROB 46 (Rev. 06/10) | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | |
|---|-------------------------|---------------------------|-------------------|---|---|---|--|--|------------------------------------|--------------------------|
| MONTHLY TREATMENT REPORT | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | 1a. PROVIDER NAME: John Marino | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 10/01/2021 - 12/31/2021 | | | |
| 3. CLIENT NAME: CORWIN, David | | | | 3a. FACTS NO 7353401 | | 3b. OFFICER Mallori Brady | | 4. FOR PERIOD COVERING: October 2021 | | |
| 5. PHASE NO. | | 5a. TIME IN PHASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | CONTRACT: 0207-2022-021B | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | |
| a. Date | b. Service (Name & No.) | | | c. Length of Contact | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | e. Copay (amount collected) | |
| 10/02/21 | 7013 | | | X60 | | | | | \$0.00 | |
| 10/09/21 | 7013 | | | X60 | | | | | \$0.00 | |
| 10/16/21 | 7013 | | | X60 | | | | | \$0.00 | |
| 10/23/21 | 7013 | | | X60 | | | | | \$0.00 | |
| 10/30/21 | 7013 | | | X60 | | | | | \$0.00 | |
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| 9. URINE TESTING RECORD | | | | | | | | | | |
| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
| | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client discussed the impact of minimization and rationalization of his behavior. | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client participates in sessions without prompt and is willing to examine thought patterns that contribute to presenting difficulties. | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO Brady can encourage the client to attend all sessions as scheduled. | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss the connection between thought patterns and the offense. | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client needs to continue discussing contributing factors to his offense. | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For October 2021; Owes \$0.00 Client is compliant with treatment. | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | | | | | | | | DATE October 31, 2021 | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

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DISTRIBUTION: ORIGINAL. CONTRACTOR

PROB 46
(Rev. 08/10)**MONTHLY TREATMENT REPORT**

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

| | | | | | |
|--|---------------------------|---|--|---|--|
| 1. PROGRAM NAME: First Light Psychological Svcs. | | 1a. PROVIDER NAME: John Marino | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 10/01/2021 - 12/31/2021 | |
| 3. CLIENT NAME: CORWIN, David | | 3a. PACTS NO. 7353401 | | 3b. OFFICER Mallori Brady | |
| 4. FOR PERIOD COVERING: December 2021 | | | | | |
| 5. PHASE NO. | 5a. TIME IN PHASE: | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | |
| | | | | CONTRACT: 0207-2022-021B | |

8. CONTACTS SINCE LAST REPORT

| a. Date | b. Service (Name & No.) | c. Length of Contact | d. Comments (No Shows, Tardiness, Issues Addressed) | e. Copay (amount collected) |
|----------|-------------------------|----------------------|---|-----------------------------|
| 12/04/21 | 7013 | X60 | | \$0.00 |
| 12/11/21 | 7013 | X60 | | \$0.00 |
| 12/18/21 | 7013 | X60 | | \$0.00 |
| 12/26/21 | 7013 | X60 | | \$0.00 |
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9. URINE TESTING RECORD

| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
|----------------|-----------|----|-------------------|-------|-------------------|--------------------|--------------|-------------------------|----------------------------------|--------------------------|
| | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | |
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10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS**a. Describe the treatment goals addressed this month (☒ Met ☐ Not Met):**

The client examined how his behavior at times contributes to periods of anxiety.

b. Describe any steps taken by the client this month toward these goals (☒ Positive ☐ Negative):

The client is receptive to feedback and is willing to discuss presenting concerns without propt.

c. Describe any obstacles or setbacks the client encountered this month:

None

d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:

PO Manganaro can encourage the cleint to attend all sessions as scheduled.

e. If continued treatment is recommended, discuss the plan for next month (☒ Recommended ☐ Not Recommended):

The cleint will discuss how assumptions and irrational fears trigger periods of anxiety.

f. Discuss your observations of the client's behavior and commitment to treatment (☒ Positive ☐ Negative):

The cleint continues to project into the future and ruminate about situations that he cannot control

g. Comments: Client Paid \$0.00 For December 2021; Owes \$0.00

The client is complain with treatment.

h. Overall Progress: ☒ Acceptable ☐ Unacceptable

SIGNATURE OF COUNSELOR

John Marino, LMHC, CASAC

DATE

December 31, 2021

DISTRIBUTION: ORIGINAL CONTRACTOR

| PROB 46 (Rev. 06/10) | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | | |
|---|--|----------------------------|----|---|---|---|--|--|------------------------------------|----------------------------------|--------------------------|
| MONTHLY TREATMENT REPORT | | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | 1a. PROVIDER NAME: John Marino | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 01/01/2022 - 03/31/2022 | | | | |
| 3. CLIENT NAME: CORWIN, David | | | | 3a. PACTS NO: 7353401 | | 3b. OFFICER: Mallori Brady | | 4. FOR PERIOD COVERING: January 2022 | | | |
| 5. PILASE NO. | | 5a. TIME IN PILASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | CONTRACT: 0207-2022-021B | | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | | |
| a. Date | | b. Service (Name & No.) | | c. Length of Contact | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | e. Copay (amount collected) | | |
| 01/01/22 | | 7013 | | X0 | | Therapist Canceled | | | \$0.00 | | |
| 01/08/22 | | 7013 | | X60 | | | | | \$0.00 | | |
| 01/15/22 | | 7013 | | X60 | | | | | \$0.00 | | |
| 01/22/22 | | 7013 | | X0 | | Therapist Canceled | | | \$0.00 | | |
| 01/29/22 | | 7013 | | X60 | | | | | \$0.00 | | |
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| 9. URINE TESTING RECORD | | | | | | | | | | | |
| DATE COLLECTED | | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
| | | Yes | No | Instr. Qrv. | Still | No | Yes (specify drug) | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client discuss coping mechanisms to reduce projection into the future. | | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client participates in session without prompt and is willing to discuss presenting concerns. | | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO Manganaro can encourage the client to attend all sessions as scheduled. | | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss the connection of increase stress and the activation of maladaptive thought patterns that contributed to the offence. | | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client lacks a support system that can help him cope with stressors connected to PTS and deteriorating health concerns. | | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For January 2022; Owes \$0.00 Client is compliant with treatment. | | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | | | | | | | | DATE January 31, 2022 | | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

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|--|--|---------------------------|----|---|--|-------------------|---|---|--|---|---|----------------------------------|--|--------------------------|--|--|
| PROB 46 (Rev. 06/10) | | | | | MONTHLY TREATMENT REPORT | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | | 1a. PROVIDER NAME: John Marino | | | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 01/01/2022 - 03/31/2022 | | | | | | |
| 3. CLIENT NAME: CORWIN, David | | | | | 3a. PACTS NO. 7353401 | | | 3b. OFFICER Mallori Brady | | | 4. FOR PERIOD COVERING: February 2022 | | | | | |
| 5. PHASE NO. | | 5a. TIME IN PHASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | CONTRACT: 0207-2022-021B | | | | | | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | | | | | | | |
| a. Date | | b. Service (Name & No.) | | | c. Length of Contact | | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | e. Copay (amount collected) | | | | | |
| 02/05/22 | | 7013 | | | X60 | | | | | | \$0.00 | | | | | |
| 02/12/22 | | 7013 | | | X60 | | | | | | \$0.00 | | | | | |
| 02/19/22 | | 7013 | | | X60 | | | | | | \$0.00 | | | | | |
| 02/26/22 | | 7013 | | | X60 | | | | | | \$0.00 | | | | | |
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| 9. URINE TESTING RECORD | | | | | | | | | | | | | | | | |
| DATE COLLECTED | | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | | SPECIAL TESTS REQUESTED | | TEST RESULTS (Positive/Negative) | | Copay (amount collected) | | |
| | | Yes | No | Insf. Qty. | Stall | No | Yes (specify drug) | | | | | | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client discussed the importance of avoiding projection in to the future and the importance of identifying distorted sexual views. | | | | | | | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client participates in session without prompt and is receptive to feedback. | | | | | | | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | | | | | | | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO Manganaro can encourage the client to make all appointments as scheduled. | | | | | | | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will identify thinking models that contributed to instant offence. | | | | | | | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client is receptive to discussing the issues that contributed to the offence. | | | | | | | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For February 2022; Owes \$0.00 The client is compliant with treatment. | | | | | | | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | | | | | | | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | | | | | | | | | | DATE February 28, 2022 | | | | | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

| PROB 46 (Rev. 06/10) | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | |
|--|-------------------------|----------------------------|-------------------|---|---|---|--|--|------------------------------------|--------------------------|
| MONTHLY TREATMENT REPORT | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | 1a. PROVIDER NAME: John Marino | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 01/01/2022 - 03/31/2022 | | | |
| 3. CLIENT NAME: CORWIN, David | | | | 3a. PACTS NO 7353401 | | 3b. OFFICER Mallori Brady | | 4. FOR PERIOD COVERING: March 2022 | | |
| 5. PILASE NO. | | 5a. TIME IN PILASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | CONTRACT: 0207-2022-021B | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | |
| a. Date | b. Service (Name & No.) | | | c. Length of Contact | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | e. Copay (amount collected) | |
| 03/05/22 | 7013 | | | X60 | | | | | \$0.00 | |
| 03/12/22 | 7013 | | | X60 | | | | | \$0.00 | |
| 03/19/22 | 7013 | | | X60 | | | | | \$0.00 | |
| 03/26/22 | 7013 | | | X60 | | | | | \$0.00 | |
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| 9. URINE TESTING RECORD | | | | | | | | | | |
| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
| | Yes | No | Insuf. Qty. | Still | No | Yes (specify drug) | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client will discuss the importance of avoiding projection into the future and the importance of avoiding minimization and rationalization of the offence. | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client is receptive to feedback and is willing to discuss presenting issues. | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO Manganaro can encourage the client to attend all sessions as scheduled. | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss the connection between cognition, attitudes, and the offence. | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client admits to thinking errors that contributed to the offence and expresses concern about his ability to endure imprisonment. | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For March 2022; Owes \$0.00 The client is compliant with treatment. | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | | | | | | | DATE March 31, 2022 | | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

| PROB 46 (Rev. 06/10) | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | |
|---|-------------------------|----------------------------|-------------------|---|---|---|--|--|------------------------------------|--------------------------|
| MONTHLY TREATMENT REPORT | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | 1a. PROVIDER NAME: John Marino | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 04/01/2022 - 06/30/2022 | | | |
| 3. CLIENT NAME: CORWIN, David | | | | 3a. PACTS NO: 7353401 | | 3b. OFFICER: Mallori Brady | | 4. FOR PERIOD COVERING: April 2022 | | |
| 5. PILASE NO. | | 5a. TIME IN PILASE: | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | CONTRACT: 0207-2022-021B | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | |
| a. Date | b. Service (Name & No.) | | | c. Length of Contact | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | e. Copay (amount collected) | |
| 04/02/22 | 7013 | | | X0 | | Therapist Canceled | | | \$0.00 | |
| 04/09/22 | 7013 | | | X60 | | | | | \$0.00 | |
| 04/16/22 | 7013 | | | X60 | | | | | \$0.00 | |
| 04/23/22 | 7013 | | | X60 | | | | | \$0.00 | |
| 04/30/22 | 7013 | | | X60 | | | | | \$0.00 | |
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| 9. URINE TESTING RECORD | | | | | | | | | | |
| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copay (amount collected) |
| | Yes | No | Insuf. Qty. | Stall | No | Yes (specify drug) | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client examined the importance of avoiding minimization and rationalization. | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client is receptive to feedback and is willing to discuss presenting concerns. | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO Manganaor can encourage the client to attend all sessions. | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss cognitive patterns that contributed to the offence. | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client continues to have very little support on the community and continues to struggle accepting potential imprisonment. | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For April 2022; Owes \$0.00 The client is compliant w/ treatment. | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | | | | | | | DATE April 30, 2022 | | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

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| 1. PROGRAM NAME: First Light Psychological Svcs. | | 1a. PROVIDER NAME: John Marino | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 04/01/2022 - 06/30/2022 | |
| 3. CLIENT NAME: CORWIN, David | | 3a. PACTS NO. 7353401 | 3b. OFFICER Mallori Brady | | 4. FOR PERIOD COVERING: May 2022 |
| 5. PHASE NO. | 5a. TIME IN PHASE: | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | CONTRACT: 0207-2022-021B |

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| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): | |
| The client examined the connection between distortions of reality and the offence. | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): | |
| The client participated in session without prompt. | |
| c. Describe any obstacles or setbacks the client encountered this month: | |
| Nonw | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: | |
| PO Brady can encourage the client to attend all sessions as scheduled. | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): | |
| The client will discuss the impact that denial has on mental health issues. | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): | |
| The client continues to have difficulty accepting the consequences of his behavior. | |
| g. Comments: Client Paid \$0.00 For May 2022; Owes \$0.00 | |
| The client is compliant w/ tx. | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | DATE May 31, 2022 |

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|---|--|-----------|----|-------------------------|--------------------|-------------------|--------------------|----------------------|--|---|--|---|--|--------------------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| PROB 46 (Rev. 06/10) | | | | | | | | | | This form must be completed and submitted with each monthly billing. Additional sheets may be used. | | | | | | | | | | | | | | | | | | | |
| MONTHLY TREATMENT REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PROGRAM NAME: First Light Psychological Svcs. | | | | | | | | | | 1a. PROVIDER NAME: John Marino | | | | | | | | | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 04/01/2022 - 06/30/2022 | | | | | | | | | |
| 3. CLIENT NAME: CORWIN, David | | | | | | | | | | 3a. PACTS NO. 7353401 | | | | | 3b. OFFICER Mallori Brady | | | | | 4. FOR PERIOD COVERING: June 2022 | | | | | | | | | |
| 5. PHASE NO. | | | | | 5a. TIME IN PHASE: | | | | | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | | | | CONTRACT: 0207-2022-021B | | | | | | | | | |
| 8. CONTACTS SINCE LAST REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Date | | | | b. Service (Name & No.) | | | | c. Length of Contact | | | | d. Comments (No Shows, Tardiness, Issues Addressed) | | | | | | | | e. Copay (amount collected) | | | | | | | | | |
| 06/11/22 | | | | 7013 | | | | X60 | | | | | | | | | | | | \$0.00 | | | | | | | | | |
| 06/25/22 | | | | 7013 | | | | X60 | | | | | | | | | | | | \$0.00 | | | | | | | | | |
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| 9. URINE TESTING RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE COLLECTED | | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | | SPECIAL TESTS REQUESTED | | TEST RESULTS (Positive/Negative) | | Copay (amount collected) | | | | | | | | | | | | | | | |
| | | Yes | No | Instr. Qty. | Stall | No | Yes (specify drug) | | | | | | | | | | | | | | | | | | | | | | |
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| 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client completed a review of therapeutice goals in anticipation of quaterly. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client is receptive to feedback and contributes to discussions withouth prompt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO. Brady can encourage the client to attend all sessions scheduled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss how minimization and rationalization perpetuated the offence cycle. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client needs to continue discussing thinking errors that contributed to the offence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Comments: Client Paid \$0.00 For June 2022; Owes \$0.00 The client is compliant with treatment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | | | | | | | | | | DATE June 30, 2022 | | | | | | | | | | | | | | | | | | | |

DISTRIBUTION: ORIGINAL CONTRACTOR

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

| | | | | | |
|--|---------------------|---|--|--|---|
| 1. PROGRAM NAME: First Light Psychological Svcs. | | 1a. PROVIDER NAME: John Marino | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 07/01/2022 - 09/30/2022 | |
| 3. CLIENT NAME: CORWIN, David | | 3a. PACTS NO. 7353401 | 3b. OFFICER Mallori Brady | | 4. FOR PERIOD COVERING: July 2022 |
| 5. PILASE NO. | 5a. TIME IN PILASE: | 6. PRIETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | CONTRACT: 0207-2022-021B |

[illegible][illegible]

a. Describe the treatment goals addressed this month (☒ Met ☐ Not Met):
The client discussed the formation of pornography addiction and discussed participation in sexaholic anonymous.

b. Describe any steps taken by the client this month toward these goals (☒ Positive ☐ Negative):
The client contributes to discussions of the offence without prompt.

c. Describe any obstacles or setbacks the client encountered this month:
None.

d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:
PO Brady can encourage the client to attend all sessions as scheduled.

e. If continued treatment is recommended, discuss the plan for next month (☒ Recommended ☐ Not Recommended):
The client will discuss contributing cognitive factors that may have facilitated the offence.

f. Discuss your observations of the client's behavior and commitment to treatment (☒ Positive ☐ Negative):
The client reports remorse for his actions and states that he allows his pornography addiction to progress.

g. Comments: **Client Paid \$0.00 For July 2022; Owes \$0.00**
The client is compliant with treatment.

h. Overall Progress: ☒ Acceptable ☐ Unacceptable

SIGNATURE OF COUNSELOR
John Marino, LMHC, CASAC

DATE
July 31, 2022

DISTRIBUTION: ORIGINAL CONTRACTOR

PROB 46
(Rev. 06/10)

MONTHLY TREATMENT REPORT

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

| | | | | | |
|--|--------------------|--|--|--|--|
| 1. PROGRAM NAME: First Light Psychological Svcs. | | 1a. PROVIDER NAME: John Marino | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 07/01/2022 - 09/30/2022 | |
| 3. CLIENT NAME: CORWIN, David | | 3a. PACTS NO. 7353401 | | 3b. OFFICER Mallori Brady | |
| 4. FOR PERIOD COVERING: August 2022 | | | | | |
| 5. PHASE NO. | 5a. TIME IN PHASE: | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | |
| | | | | CONTRACT: 0207-2022-021B | |

8. CONTACTS SINCE LAST REPORT

| a. Date | b. Service (Name & No.) | c. Length of Contact | d. Comments (No Shows, Tardiness, Issues Addressed) | e. Copy (amount collected) |
|----------|-------------------------|----------------------|---|----------------------------|
| 08/13/22 | 7013 | X60 | | \$0.00 |
| 08/27/22 | 7013 | X60 | | \$0.00 |
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9. URINE TESTING RECORD

| DATE COLLECTED | Scheduled | | Sample Not Tested | | Drug Use Admitted | | COLLECTED BY | SPECIAL TESTS REQUESTED | TEST RESULTS (Positive/Negative) | Copy (amount collected) |
|----------------|-----------|----|-------------------|-------|-------------------|--------------------|--------------|-------------------------|----------------------------------|-------------------------|
| | Yes | No | Insub. Qrv. | Stall | No | Yes (specify drug) | | | | |
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10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

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|---|--|
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): The client discussed how projection into the future could increase emotional agitation. | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client participates in sessions without prompt. | |
| c. Describe any obstacles or setbacks the client encountered this month: None. | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: PO can encourage the client to attend all sessions as scheduled. | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): The client will discuss the importance of avoiding thought patterns that could activate the offense cycle. | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): The client anticipates going to prison and wonders if his medical condition will result in passing while in prison. | |
| g. Comments: Client Paid \$0.00 For August 2022; Owes \$0.00 The client is compliant with treatment. | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | |
| SIGNATURE OF COUNSELOR: John Marino, LMHC, CASAC | |
| DATE August 31, 2022 | |

DISTRIBUTION: ORIGINAL CONTRACTOR

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

| | | | | | |
|--|--------------------|--|--|--|--|
| 1. PROGRAM NAME: First Light Psychological Svcs. | | 1a. PROVIDER NAME: John Marino | | 2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 07/01/2022 - 09/30/2022 | |
| 3. CLIENT NAME: CORWIN, David | | 3a. PACTS NO. 7353401 | 3b. OFFICER Mallori Brady | | 4. FOR PERIOD COVERING: September 2022 |
| 5. PHASE NO. | 5a. TIME IN PHASE: | 6. PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other | | CONTRACT: 0207-2022-021B |

[illegible][illegible]

| | |
|--|-----------------------------------|
| a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): | |
| The client completed a review of goals in anticipation of the new quarterly. | |
| b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): | |
| The client is receptive to feedback and uses session as an outlet to stress. | |
| c. Describe any obstacles or setbacks the client encountered this month: | |
| None. | |
| d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: | |
| PO Brady can encourage the client to attend all sessions as scheduled. | |
| e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended): | |
| The client will discuss the importance of avoiding thinking errors that objectify minors. | |
| f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative): | |
| The client needs to continue discussing the cognitive factors that lead to the instant offense. | |
| g. Comments: Client Paid \$0.00 For September 2022; Owes \$0.00 | |
| The client is compliant with treatment. | |
| h. Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | |
| SIGNATURE OF COUNSELOR John Marino, LMHC, CASAC | DATE September 30, 2022 |

DISTRIBUTION: ORIGINAL CONTRACTOR